

The fuel activity information contained in this form must be filed electronically. To view the information you must provide, go to the next page.

VIRGINIA FUELS TAX
SUPPLIER'S SCHEDULE OF TAX-PAID RECEIPTS
 Read the filing information and instructions on the back.

**Schedule
Number
1**

SUPPLIER INFORMATION

PLEASE PRINT IN INK OR TYPE

| | | |
|------|----------|-------------------|
| Name | FEIN/SSN | Report Month/Year |
|------|----------|-------------------|

PRODUCT INFORMATION Check applicable box. *(Complete separate schedules for each product type you received.)*

**MODE OF TRANSPORTATION
CODES**

| | | | | | |
|--|---|---|--|--|---|
| <input type="checkbox"/> 150-#1 Fuel Oil <input type="checkbox"/> 125-Aviation Gasoline <input type="checkbox"/> 130-Aviation Jet Fuel <input type="checkbox"/> 122-Blending Components | <input type="checkbox"/> 228-Diesel-Dyed <input type="checkbox"/> 160-Diesel-Undyed <input type="checkbox"/> 123-Fuel Alcohol <input type="checkbox"/> 124-Gasohol | <input type="checkbox"/> 065-Gasoline <input type="checkbox"/> 152-Heating Oil <input type="checkbox"/> 142-Kerosene <input type="checkbox"/> 175-Residual Fuel Oils | <input type="checkbox"/> 092-Other Product Type _____ | J - Truck R - Rail S - Ship B - Barge | PL - Pipeline ST - Stationary Transfer BA - Book Adjustment |
|--|---|---|--|--|---|

PRODUCT RECEIPT INFORMATION

| 1 Carrier's Name | 2 Carrier's FEIN/SSN | 3 Mode | 4 Point of Origin Destination | 5 Seller's Name | 6 Seller's FEIN/SSN | 7 Date Received | 8 Document Number | 11 Billed Gallons |
|------------------------|----------------------------|-----------|--|-----------------------|---------------------------|-----------------------|-------------------------|-------------------------|
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ADDITIONAL LINES FOR DATA ON BACK

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| TOTAL <i>(this page only)</i> | |
| GRAND TOTAL <i>(all pages)</i> | |

VIRGINIA FUELS TAX SUPPLIER'S SCHEDULE OF TAX-PAID RECEIPTS

FT456 (Rev. 07/03)

PRODUCT RECEIPT INFORMATION

| 1 Carrier's Name | 2 Carrier's FEIN/SSN | 3 Mode | 4 Point of Origin Destination | | 5 Seller's Name | 6 Seller's FEIN/SSN | 7 Date Received | 8 Document Number | 11 Billed Gallons |
|------------------------|----------------------------|-----------|--|--|-----------------------|---------------------------|-----------------------|-------------------------|-------------------------|
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| TOTAL (this page only) | | | | | | | | | |

INSTRUCTIONS

This schedule provides detail in support of the tax-paid receipt amount(s) shown on your monthly Virginia fuels tax report.

You may submit a schedule summarizing your receipts which must be formatted the same as the Supplier's Schedule of Tax-Paid Receipts. Complete separate summary schedules for each product type and group sellers together. If you choose to submit summary schedules, you must still submit the schedules of individual receipts.

- NAME**..... Enter the name of the company as shown on your monthly Virginia fuels tax report.
- FEIN/SSN** Enter the company's FEIN or SSN as shown on your monthly Virginia fuels tax report.
- REPORT MONTH/YEAR**..... Enter the month and year for which you are reporting.
- PRODUCT INFORMATION**..... Check the applicable box for the product type accounted for on this schedule.
- CARRIER'S NAME**..... Enter the name of the company that transported the product.
- CARRIER'S FEIN/SSN**..... Enter the FEIN or SSN of the company that transported the product.
- MODE** Enter the code for the mode of transport used to move the product. *(See Mode of Transportation Codes chart on front.)*
- POINT OF ORIGIN** Enter the IRS Terminal Control Number if the product was received from a terminal. Otherwise enter the city and state where the shipment originated.
- POINT OF DESTINATION**..... Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise enter the city and state where the product was delivered.
- SELLER'S NAME**..... Enter the name of the company that sold the product to you.
- SELLER'S FEIN/SSN**..... Enter the FEIN or SSN of the company that sold the product to you.
- DATE RECEIVED**..... Enter the date *(month, day, and year)* the product was received.
- DOCUMENT NUMBER** Enter the terminal manifest number or pipeline/barge ticket number or bulk plant withdrawal invoice number.
- BILLED GALLONS** Enter the total number of gallons billed.
- TOTAL (this page only)** Enter the sum of these columns for this page of the report.
- GRAND TOTAL (all pages)**..... Enter the sum of these columns for all pages of this report.